

Youth RHYMIS / HMIS Update

*Client Name:		SSN:		*Date of Birth: / /	
*Agency or Program Name:				*Update Date: / /	
*Case Manager Name:		Case Manager Email:		*Case Manager Phone: ()	
*Employment					
*1. Is client employed or unemployed? <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		*2. Type of employment? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal		*3. Hours per week? _____ Where?	
*4. If <u>unemployed</u>, why? <input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work					
*5. Monthly Income					
10. Received in Past 30 Days?			Received in Past 30 Days?		
\$ _____ Earned income (i.e. employment income)		Yes / No		\$ _____ VA service-connected disability compensation	
\$ _____ Pension from a former job (including military retirement pay)		Yes / No		\$ _____ VA non service-connected disability pension	
\$ _____ Private disability insurance		Yes / No		\$ _____ Alimony or other spousal support	
\$ _____ Child support		Yes / No		\$ _____ SSI	
\$ _____ Unemployment insurance		Yes / No		\$ _____ SSDI	
\$ _____ Worker's compensation		Yes / No		\$ _____ General Assistance	
\$ _____ Retirement income from Social Security		Yes / No		\$ _____ TANF	
				\$ _____ Other income source: _____	
*6. Non Cash Benefits					
Received in Past 30 Days?			Received in Past 30 Days?		
- Supplemental Nutrition Assistance Program (Food stamps)		Yes / No		-- Other TANF-funded services	
- TANF Child Care Services		Yes / No		- Special Supplemental Assistance for Women, Infance, Children (WIC)	
- TANF Transportation Services		Yes / No		- Other _____	
*7. Health Insurance					
Currently Covered? HOPWA: If no, reason?			Currently Covered? HOPWA: If no, reason?		
Medicaid/Medi-Cal		Yes / No _____		Health insurance obtained through COBRA	
MEDICARE		Yes / No _____		Private Pay Health Insurance	
State Children's Health Insurance Program (SCHIP)		Yes / No _____		State Health Insurance for Adults	
Veteran's Administration (VA) Medical Services		Yes / No _____		Indian Health Services Program	
Employer-provided Health Insurance		Yes / No _____		Other _____	
*HOPWA Only: If not covered, indicate reason (A= Applied but decision pending, B = Applied but client was ineligible, C = Client did not apply, D = Insurance Type not applicable)					
*8. Disabilities (please answer Yes or No to each of the following)					
Physical		Yes / No		Long Term and Impairs Independence?	
Developmental		Yes / No		Yes / No	
Chronic health condition		Yes / No		Long Term and Impairs Independence?	
HIV/AIDS		Yes / No		Yes / No	
Mental health disorder		Yes / No		Long Term and Impairs Independence?	
Alcohol use disorder		Yes / No		Long Term and Impairs Independence?	
Drug use disorder		Yes / No		Long Term and Impairs Independence?	
Both Alcohol and Drug use		Yes / No		Long Term and Impairs Independence?	
9. Are you pregnant? <input type="checkbox"/> Yes, projected birth date ____/____/____ <input type="checkbox"/> No					
Well-Being - Use the scale provided below. You may also use Client doesn't know (DK) or Client refused(R)					
Strongly disagree (0), Somewhat disagree (1), Neither agree or disagree (2) Somewhat agree (3), Strongly agree (4),			Client perceives their life has value and worth _____		
			Client perceives they have support from others who will listen to problems _____		
Not at all (0) , Once a month (1) , Several times a month (2), Several times a week (3), At least every day (4)			Client perceives they have a tendency to bounce back after hard times _____		
			Client's frequency of feeling nervous, tense, worried, frustrated, or afraid _____		
*Education					
*10. School Status					
<input type="checkbox"/> Attending school regularly		<input type="checkbox"/> Graduated from high school		<input type="checkbox"/> Dropped out	
<input type="checkbox"/> Attending school irregularly		<input type="checkbox"/> Obtained GED		<input type="checkbox"/> Suspended	
<input type="checkbox"/> Expelled					
<input type="checkbox"/> Client doesn't know					
<input type="checkbox"/> Client refused					
*11. Last grade completed?					
<input type="checkbox"/> < 5th grade		<input type="checkbox"/> 12th Grade		<input type="checkbox"/> Associates degree	
<input type="checkbox"/> Grade 5-6		<input type="checkbox"/> GED		<input type="checkbox"/> Bachelor's degree	
<input type="checkbox"/> Grade 7-8		<input type="checkbox"/> School program does not have grade levels		<input type="checkbox"/> Graduate degree	
<input type="checkbox"/> 9th - 11th Grade		<input type="checkbox"/> Some college		<input type="checkbox"/> Vocational certification	
<input type="checkbox"/> Client doesn't know					
<input type="checkbox"/> Client refused					
12. GPA of current or most recent education level completed _____					

